

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.
Please type or print clearly. Press Hard.

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

① Manifest Number **015-001633**

GENERATOR (Generator Must Complete) ② Name ALUMINUM CO. OF AMERICA VERNON WORKS EPA NO. C A D 0 7 4 1 2 6 6 8 1 Address 5151 ALCOA AVE. Phone No. 588-6141 City, State, Zip VERNON, CA. 90058	③ Designated TSD Facility (Authorized to operate under an approved state program or federal program) Name OPERATING INDUSTRIES, INC. EPA NO. C A D 0 8 0 0 1 2 0 2 4 Address 900 N. POTRERO GRANDE DR. City, State, Zip MONTEREY PARK, CA.	④ Alternate TSD Facility CHEMICAL WASTE MANAGEMENT, INC. Name MANAGEMENT, INC. EPA NO. C A T 0 0 0 6 4 6 1 1 Address P.O. BOX 1104 430 W. ELM AVE. City, State, Zip COALINGA, CA. 93210
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SFUND RECORDS CTR
999000357

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER: _____
WASTE					TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> OTHER
WASTE					

⑥ WASTE CATEGORY #7	⑦ EX. HAZ. WASTE PERMIT NO. _____	⑧ GENERATING PROCESS ALUMINUM FABRICATION				
LIST COMPONENTS:	CONC. UPPER	RANGE LOWER	UNITS	CONC. UPPER	RANGE LOWER	UNITS
⑨ A. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.	E. _____		<input type="checkbox"/> % <input type="checkbox"/> ppm.
B. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.	F. _____		<input type="checkbox"/> % <input type="checkbox"/> ppm.
C. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.	G. _____		<input type="checkbox"/> % <input type="checkbox"/> ppm.
D. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.	Non Hazardous Material 100 %		
⑩ WASTE PROPERTIES: pH 7 <input type="checkbox"/> Toxic <input type="checkbox"/> Flammable <input type="checkbox"/> Corrosive/Irritant <input type="checkbox"/> Reactive <input type="checkbox"/> Sensitizer <input type="checkbox"/> Carcinogen/Mutagen						
⑪ PHYSICAL STATE: <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Sludge <input type="checkbox"/> Slurry <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Other ALUMINUM OXIDES & WATER						
⑫ SPECIAL HANDLING INSTRUCTIONS: <input type="checkbox"/> Gloves <input type="checkbox"/> Goggles <input type="checkbox"/> Respirator <input type="checkbox"/> Other _____						

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬ *K. Dump* Signature of Authorized Agent and Title 12-11-81 Date Shipped

TRANSPORTER (HAULER MUST COMPLETE) ⑭ NAME ASBURY OIL CO. EPA NO. C A D 0 2 8 2 7 7 0 3 6 ADDRESS 13419 Halldale Avenue PHONE NO. (213) 321-1392 CITY, STATE, ZIP Gardena, California 90249	⑮ PICK-UP DATE 12-11-81 TIME _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	⑯ <i>John W. M...</i> Signature of Authorized Agent and Title Date _____
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TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE) ⑰ NAME <i>Operating TSD Facility</i> QUANTITY (If Measured) 100000 EPA NO. C A T 0 8 0 0 1 2 0 2 4 ⑱ STATE FEE (If Any) _____ PHONE NO. _____ ⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: _____ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: _____ ㉒ NAME _____ EPA NO. _____	㉑ HANDLING OR DISPOSAL METHOD: <input type="checkbox"/> Surface Impoundment <input type="checkbox"/> Landfill <input type="checkbox"/> Injection Well <input checked="" type="checkbox"/> Land Treatment <input type="checkbox"/> Treatment (Specify) _____ <input type="checkbox"/> Recovery or Reuse <input type="checkbox"/> Storage/Transfer	㉓ <i>O. Hall</i> Signature of Authorized Agent and Title Date 12-11-81 Accepted
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